CANDIDATE'S AFFIDAVIT IN LIEU OF REPORT

(to be filed by a candidate or his principal campaign committee)

Use ONLY If ALL of the following criteria are met: (1) candidate is running for a "major" or "district" office: (2) contribution de

one source in excess of \$200 have not been received for this election; (3) expenditures in excess of \$5,000 have not been made for this election; and (4) an itemized (long) report has not been filled in connection with this election.	
THIS AFFIDAVIT MUST BE SWORN BEFORE A NOTARY	
Hand deliver or mail to: CAMPAIGN FINANCE, 8401 United Plaza Blvd.,	Suite 200, Baton Rouge, LA 70809:7017
1. Full Name and Address of Cardidate JOSEPH JUE JONES JR. SCHOOL BOARD DISTRICT 6 POUR ORLEANS, LA ORLEANS PARISH	OFFICE USE ONLY
3. Date of Primery <u>OCTORER</u> This report covers from <u>JANUARY 1, 2000</u> through <u>AV605T 28, 2000</u>	
4. Type of Report: 180th day prior to primary10th day prior to general90th day prior to primary40th day after general40th day prior to primary40th day after general40th day prior to primary40th day after general	
10th dely prior to primerySupplemental (pasal election) 5. FINAL REPORT II: Withdrawn Unopposed	
8. a. Name of Person Preparing Report JOSEPH JOINES b. Daylime Telephone (504) 484-6242	7. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY a. Name and address of principal campaign committee
8. LOO HEREBY CERTIFY, after being duly swom, that, with respect to the election described above. I (the Committee) have (has) not received contributions form one source in excess of \$200 and have (has) not made expenditures totaling in excess of \$5,000 in the aggregate from the time of becoming a candidate (initial participation in this election) through the close of the current reporting period.	100 mg/m
Signature of Cendidate (SD4) 484-6242 Signature of Cendidate (SD4) 484-6242 Onytime Telephone principal competed occumulates)	b. Name and address of committee's chairperson
Sworm to and explace/fibed before me this 15t. day of SEPTEMBER 00. at NF L) OR LEANS (State)	c. Name and address of all subsidiary committees, if any (Use additional cheets if necessary)
(City) (Sinte)	

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